

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT
IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

57802
(Inmate Number)
ADAM MOSON
(Name of Plaintiff)
York County Prison Med #4
(Address of Plaintiff)
RECEIVED
SCRANTON
SEP 29 2000
090800 B
FER (Case Number)
DEPUTY CLERK 9/14/00

COPY

COMPLAINT

VS.
Tom HOGAN
P. Thomas
(Names of Defendants)

1: CV 01-1189

FILED
SCRANTON

JUN 29 2001

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS

28 U.S.C. § 1331 - FEDERAL OFFICIALS

FER

DEPUTY CLERK

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
☒ Yes ☐ No

- B. Have you filed a grievance concerning the facts relating to this complaint?
☒ Yes ☐ No

If your answer is no, explain why not

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant TOM HOGAN is employed
as WARDEN at YORK COUNTY PRISON

B. Additional defendants R. THOMAS - DEPUTY WARDEN AT
YORK COUNTY PRISON

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. I fell out of the top bunk in "BAU" and they broke.
There were no lights on I fell to the bottom bunk
I went to the bathroom and spit and my top teeth were broken
and they went down the commode. They were there when this happen
2. The 2 wardens were there. I want them replaced
I can't eat or anything without my teeth.

3.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. REPLACE my BROKEN DENTURES.
2. EITHER REPLACE my DENTURES OR SHIP me
BACK TO my Country so I CAN GET them fixed.
OR BACK TO Phila 1913 ^{CLARENCE} ~~CALLEN~~ ST Phila PA 19134
CAUSE THAT IS where my w. & kids are
- 3.

Signed this 26 day of SEPT, 2000.

Adam Jan Moson
 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

09-26-00
 (Date)

Adam Jan Moson
 (Signature of Plaintiff)

York County Prison
Complaint Review System
(805 A) Deputy Warden Response

TO: Adam Moore 57802
Inmate Name

Complaint Register # 090800B

NSC
Inmate Location

Date 9/14/00

I have reviewed your grievance and my response is as follows:

*York County Prison does not provide partial
dentures for inmates.
TWS has not approved a partial denture.*

Inmate Keeps Yellow Copy
Send Original & Pink To Deputy Warden

Regis Thomas
Deputy Warden